

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (In full) <b>Sabo For Congress Volunteer Committee</b>		FEB 17 11 22 AM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>2425 E. Franklin #301</b>		2. FEC IDENTIFICATION NUMBER <b>074306</b>
CITY, STATE and ZIP CODE <b>Minneapolis MN 55406</b>	STATE/DISTRICT <b>MN/05</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**4. TYPE OF REPORT**

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding election on _____ In the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	
<input checked="" type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

**SUMMARY**

5. Covering Period <u>7/01/97</u> through <u>12/31/97</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	\$104,202.68	\$186,119.68
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6b from 6a).	\$104,202.68	\$186,119.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17). . . . .	\$61,797.13	\$103,910.53
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	\$3.00	\$215.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)). . . . .	\$61,794.13	\$103,595.03
8. Cash on Hand at Close of Reporting Period (from Line 27). . . . .	\$230,061.65	
9. Debts and Obligations Owed to the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	\$0.00	
10. Debts and Obligations Owed by the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

**Doris Caranicas**

Signature of Treasurer

*Doris Caranicas*

Date

*1/29/98*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

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**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) <b>Sabo For Congress Volunteer Committee 074306</b>	Report Covering the Period: From: <b>7/01/97</b> To: <b>12/31/97</b>
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	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>I. RECEIPTS</b>		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) . . . . .	6,200.00	
(ii) Unitemized . . . . .	48,887.00	
(iii) Total of contributions from individuals . . . . .	55,087.00	77,254.00
(b) Political Party Committee . . . . .	1,365.68	1,665.68
(c) Other Political Committees (such as PACs) . . . . .	47,750.00	107,200.00
(d) The Candidate . . . . .	0.00	0.00
(e) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), (c) and (d)) . . . . .	104,202.68	186,119.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES . . . . .	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate . . . . .	0.00	0.00
(b) All Other Loans . . . . .	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .	3.00	215.50
15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .	3,416.79	6,395.32
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .	107,622.47	192,730.50
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES . . . . .	61,797.13	103,910.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES . . . . .	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate . . . . .	0.00	0.00
(b) Of All Other Loans . . . . .	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a), (b) and (c)) . . . . .	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees . . . . .	0.00	0.00
(b) Political Party Committees . . . . .	0.00	0.00
(c) Other Political Committees (such as PACs) . . . . .	0.00	0.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c)) . . . . .	0.00	0.00
21. OTHER DISBURSEMENTS . . . . .	4,000.00	8,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .	65,797.13	111,910.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .	\$188,236.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .	\$107,622.47
25. SUBTOTAL (add Line 23 and Line 24) . . . . .	\$295,858.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .	\$65,797.13
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 and 25) . . . . .	\$230,061.65

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 3  
FOR LINE NUMBER  
11(a) (i)

**Contributions from Individuals**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074305

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LaVonne Batalden 55 Eagle Ridge Lebanon NH 03766 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Colby Sawyer Occupation Teacher Aggregate Year-to-Date > \$300.00	10/10/97	\$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J Downey 1225 NW I St Apt 350 Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Downey Chandler, Inc Occupation Consultant Aggregate Year-to-Date > \$500.00	11/15/97	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S Goldenberg 25 Woodland Rd Edina MN 55424- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Huntington Learning Cen r Occupation Regional Director Aggregate Year-to-Date > \$250.00	12/29/97	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Marlin Hilliard Route 2, Box 175 Clewiston FL 33440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Self Occupation Farmer Aggregate Year-to-Date > \$500.00	8/15/97	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H.F. Hoving 1762 NW Church St Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	John H.F. Hoving Associ es Occupation Consultant Aggregate year-to-Date > \$1,000.00	11/20/97	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P Kavouras 9450 S Old Cedar Ave Bloomington MN 55420 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Kavouras, Inc. Occupation Owner Aggregate Year-to-Date > \$500.00	8/15/97	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Kitto 1227 Marion St St Paul MN 55117- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Self-Employed Occupation Consultant Aggregate Year-to-Date > \$250.00	8/15/97	\$250.00
SUBTOTAL of Receipts This Page (optional)			\$2,700.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Kogovsek 700 Broadway Suite 929 Denver CO 80203	Kogovsek & Associates	8/15/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$500.00	
Dan McNamara 700 NW 13th St Suite 400 Washington DC 20005	Cassidy & Associates Inc	11/20/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$500.00	
William W Miller 106 Dulany Pl Falls Church VA 22046	Self	11/20/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$500.00	
Arthur J Petrie 2892 Vista Del Sol Las Vegas NV 89120	Petrie Development Corp	10/30/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessmen	Aggregate Year-to-Date > \$1,000.00	
Roger Roe 5223 Larada Ln Edina MN 55436	Yaeger, Jungbauer, Barck & Roe	12/23/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
Dan C Tate 700 NW 13th St Suite 400 Washington DC 20037	Cassidy & Associates	12/21/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Leg Consultant	Aggregate Year-to-Date > \$250.00	
Paul R Thatcher	Trussbilt, Inc	8/15/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$250.00	

SUBTOTAL of Receipts This Page (optional) ..... \$3,250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 3  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Weissbrodt 2001 W 21st St Minneapolis MN 55405-	U of M Occupation Professor of Law	10/10/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date = \$250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$6,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

**Contributions from Party Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Committee 430 S Capitol St Washington DC 20003	Democratic Congressional Campaign Committee	12/31/97	\$365.68
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Party		in-kind
	Aggregate Year-to-Date > \$665.68		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Committee 430 S Capitol St Washington DC 20003	Democratic Congressional Campaign Committee	12/31/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Party		in-kind
	Aggregate Year-to-Date > \$1,665.68		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$1,365.68
TOTAL This Period (last page this line number only)	\$1,365.68

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 7

FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF CONTRIBUTOR (in Full)

Sabo For Congress Volunteer Committee 074306

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
3M Corporation  3M Ctr225-2N-6 St. Paul MN 55144 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$500.00	12/21/97	\$500.00
Air Line Pilots Association  1625 NW Massachusetts Ave Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$3,500.00	12/21/97	\$1000.00
Aircraft Owners And Pilots Association  500 SW E St Suite 920 Washington DC 20024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,500.00	11/23/97	\$2500.00
Alliant Techsystems Inc Employee  1911 N Fort Myer Dr Suite 800 Arlington VA 22209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,000.00	12/01/97	\$1000.00
Allied Pilots Association  601 NW 13Th St Suite 510 S Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,000.00	11/23/97	\$2000.00
Amalgamated Transit Union  5025 NW Wisconsin Ave Washington DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,000.00	12/01/97	\$1000.00
American Family Polical Action Committee  P.O. Box 1246 Minneapolis MN 55440 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$500.00	12/31/97	\$500.00

SUBTOTAL of Receipts This Page (optional) ..... \$8,500.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Committees

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation Of State, County & Municipal Employees 265 S Lafayette Rd St. Paul MN 55107 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$1,500.00	12/22/97	\$1500.00
B. Full Name, Mailing Address and ZIP Code American Federation Of State, County & Municipal Employees 1625 NW L St Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,500.00	7/06/97	\$2500.00
C. Full Name, Mailing Address and ZIP Code Association Of Professional Flight Attendants 1004 W Eules Blvd Eules TX 76040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$250.00	11/20/97	\$250.00
D. Full Name, Mailing Address and ZIP Code Association Of Trial Lawyers Of America 1050 NW 31st St Washington DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$2,000.00	11/20/97	\$1000.00
E. Full Name, Mailing Address and ZIP Code BNSF 3700 Continental Plz 777 St Fort Worth TX 76102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/21/97	\$1000.00
F. Full Name, Mailing Address and ZIP Code Brotherhood Of Maintenance Of Way Employees 10 NE G St Suite 460 Washington DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$1,000.00	12/21/97	\$1000.00
G. Full Name, Mailing Address and ZIP Code Brown And Company Inc. 600 SE Pennsylvania Ave Washington DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$500.00	8/15/97	\$500.00
SUBTOTAL of Receipts This Page (optional)			\$7,750.00
TOTAL this Period (last page this line number only)			



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 7  
FOR LINE NUMBER 11(c)

Contributions from Other Committees

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chrysler Corporation 1000 Chrysler Dr Auburn Hills MI 48326	PAC	8/15/97	\$2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$3,000.00
B. Full Name, Mailing Address and ZIP Code Computing Devices International 2200 Clarendon Blvd Suite 1007 Arlington VA 22201	PAC	11/20/97	\$4000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$5,000.00
C. Full Name, Mailing Address and ZIP Code Dorsey National Fund 1330 NW Connecticut Ave Suite 20 Washington DC 20036	PAC	12/31/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
D. Full Name, Mailing Address and ZIP Code Faegre & Benson 90 S 7th St Minneapolis MN 55402	PAC	12/31/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code Fond Du Lac Reservation Enterprises 1720 Big Lake Rd Cloquet MN 55720	Other	12/31/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other		Aggregate Year-to-Date > \$1,000.00
F. Full Name, Mailing Address and ZIP Code Ford Motor Co. 13501 NW I St Washington DC 20005	PAC	9/23/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
G. Full Name, Mailing Address and ZIP Code General Motors 1660 NW L St Washington DC 20036	PAC	8/15/97	\$2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,000.00

SUBTOTAL of Receipts This Page (optional) ..... \$11,000.00  
TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harris Corporation 1201 E Abingdon Dr Suite 300 Alexandria VA 22314		11/15/97 11/15/97	\$350.00 \$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$500.00	
Holland & Knight Committee For Effective Government 2100 NW Pennsylvania Ave Suite 4 Washington DC 20037		7/06/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation Other	Aggregate Year-to-Date > \$500.00	
Honeywell Employee Citizenship Fund Honeywell Plaza Minneapolis MN 55408		11/20/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$1,000.00	
International Association of Machinists & Aerospace 9000 Machinists Pl Upper Marlboro MD 20772		8/15/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$500.00	
International Association of Fire Fighters 1750 NW New York Ave Washington DC 20006		12/22/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$1,000.00	
International Brotherhood of Teamsters 3001 SE University Ave Minneapolis MN 55414		12/21/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$2,000.00	
International Chiropractors Association 133 W Lake St Minneapolis MN 55408		10/13/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$250.00	

SUBTOTAL of Receipts This Page (optional) ..... \$4,750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full):

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
International Union Of Operating 1125 NW 17th St Washington DC 20036	Engineers Occupation PAC	7/06/97 12/21/97	\$500.00 \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
B. Full Name, Mailing Address and ZIP Code Lower Sioux Community P.O. Box 308 Morton MN 56270	Name of Employer Occupation Other	8/15/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
C. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Political 9000 Machinist Pl Upper Marlboro MD 20772	Name of Employer League Occupation PAC	11/20/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code McDonnell Douglas Corporation 1700 N Moore St Suite Flr 20 Arlington VA 22209	Name of Employer Occupation PAC	12/31/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code National Association Of Letter Carriers 100 NW Indiana Ave Washington DC 20001	Name of Employer Occupation PAC	11/15/97	\$2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,000.00		
F. Full Name, Mailing Address and ZIP Code National Committee To Preserve Social Security And Medicare 2000 NW K St Suite 800 Washington DC 20006	Name of Employer Occupation PAC	12/01/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
G. Full Name, Mailing Address and ZIP Code National Education Association 1201 NW 16th St Washington DC 20036	Name of Employer Occupation PAC	12/01/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
SUBTOTAL of Receipts This Page (optional)			\$8,500.00
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Northwest Airlines 901 NW 15th St Suite 310 Washington DC 20005		11/20/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$2,000.00
B. Full Name, Mailing Address and ZIP Code Raytheon 121541 Jefferson Davis Hwy Suite Arlington VA 22202-3256		12/21/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
C. Full Name, Mailing Address and ZIP Code Reliastar 20 S Washington Ave Suite 1010 Minneapolis MN 55440		9/23/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$250.00
D. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Pl Rockville MD 20850		11/20/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code Ryder Systems, Inc. 3600 NW 82nd Ave Miami FL 33166		9/23/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$500.00
F. Full Name, Mailing Address and ZIP Code Seafarers International Union 5201 Auth Way Camp Springs MD 20746		12/01/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		Aggregate Year-to-Date > \$1,000.00
G. Full Name, Mailing Address and ZIP Code The Grand Traverse Band Of Ottawa And Chippewa Indians 2605 N West Bayshore Dr Suttons Bay MI 49682		11/07/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Other		Aggregate Year-to-Date > \$500.00

SUBTOTAL of Receipts This Page (optional) ..... \$3,750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 7  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Transport Workers Union 10 NE G St Washington DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$1,500.00	12/01/97	\$1000.00
B. Full Name, Mailing Address and ZIP Code United Auto Workers 1757 N St NW Washington DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$2,000.00	12/21/97	\$1000.00
C. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers 505 N Highway 169 Suite 755 Plymouth MN 55441 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Local #653 Occupation PAC Aggregate Year-to-Date > \$1,000.00	11/23/97	\$1000.00
D. Full Name, Mailing Address and ZIP Code United Mine Workers Of America 900 NW 15th St Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PAC Aggregate Year-to-Date > \$500.00	12/22/97	\$500.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... \$3,500.00

TOTAL This Period (last page this line number only) ..... \$47,750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER 15

**Other Receipts**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	7/08/97	\$71.53
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	8/07/97	\$79.05
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	9/08/97	\$86.15
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	10/07/97	\$77.43
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	11/07/97	\$78.69
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norwest Bank Minnesota, Na P.O. Box B514 Minneapolis MN 55479-0514	Interest	12/05/97	\$75.54
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$468.39		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Painewebber, Inc. 33 S 6th St Minneapolis MN 55402	Interest	9/30/97	\$1468.17
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,948.40		

SUBTOTAL of Receipts This Page (optional)

\$1,936.56

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 15

**Other Receipts**

Key information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF CONTRIBUTOR (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Painewebber, Inc. 33 S 6Th St Minneapolis MN 55402	Interest	10/31/97	\$515.69
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,948.40	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Painewebber, Inc. 33 S 6Th St Minneapolis MN 55402	Interest	11/28/97	\$485.71
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,948.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Painewebber, Inc. 33 S 6Th St Minneapolis MN 55402	Interest	12/31/97	\$478.83
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2,948.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts this Page (optional)

\$1,480.23

TOTAL This Period (last page this line number only)

\$3,416.79

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional 430 S Capitol St Washington DC 20003	Fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/31/97	\$365.68 in-kind received
Democratic Congressional 430 S Capitol St Washington DC 20003	research Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/31/97	\$1000.00 in-kind received
Postmaster Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/04/97 9/16/97 10/16/97	\$9.67 Memo \$64.00 \$272.00
Postmaster Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/21/97 11/29/97 11/29/97	\$800.00 \$260.00 Memo \$13.23 Memo
Postmaster Minneapolis MN 55401	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/97 11/29/97 12/01/97	\$232.00 Memo \$9.80 Memo \$64.00
Sabo, Martin 1742 Key West Ln. Vienna VA 22180	airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/09/97 10/29/97	\$327.00 \$324.00
Mpls. Labor Review 312 Central Ave., 526 Mpls. MN 55414-1077	ad - 1997 Labor Day Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/10/97	\$135.00
U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/24/97 8/20/97	\$70.25 \$74.39
U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone: 377-7534 560 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/97	\$71.08

SUBTOTAL of Disbursements This Page (optional)

\$3,567.40

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. West P.O. Box 1301 Mpls. MN 55483-0001	phone: 928-9829 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/29/97	\$305.72
B. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	purpose of Disbursement catering for lunch repton Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	7/20/97	\$985.47
C. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	Purpose of Disbursement parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/20/97	\$138.03
U. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	Purpose of Disbursement meal, parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/16/97	\$66.99
E. Full Name, Mailing Address and ZIP Code Mpls. Club 729 S 2Nd Ave Mpls. MN 55402-2463	Purpose of Disbursement parking Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/18/97	\$8.34
F. Full Name, Mailing Address and ZIP Code D.C.C.C. 430 S Capitol St Washington DC 20003	purpose of Disbursement annual dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/17/97	\$15000.00
G. Full Name, Mailing Address and ZIP Code Inter/Quality Corp. 511 S 11Th Ave Mpls. MN 55415	Purpose of Disbursement bookkeeping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	8/04/97 10/29/97 11/28/97	\$1144.00 \$1056.00 \$803.00
H. Full Name, Mailing Address and ZIP Code Erlandson, Michael 644 SE N. Carolina Ave Washington DC 20003	Purpose of Disbursement petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/17/97 10/17/97 11/19/97	\$100.00 \$100.00 \$100.00
I. Full Name, Mailing Address and ZIP Code American Jewish World 4509 Minnetonka Blvd Mpls. MN 55416	Purpose of Disbursement ad Rosh Hashanah Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	9/25/97	\$111.00

SUBTOTAL of Disbursements This Page (optional) ..... \$19,918.55

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Jewish World 4509 Minnetonka Blvd Mpls. MN 55416	ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/18/97	\$96.00
B. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement credit card serv. chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 7/03/97	Amount of Each Disbursement This Period \$36.80
C. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement credit card serv, chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 8/06/97	Amount of Each Disbursement This Period \$36.80
D. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement card service chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 9/08/97	Amount of Each Disbursement This Period \$36.40
E. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement card serv. chge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 10/07/97	Amount of Each Disbursement This Period \$38.70
F. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement returned check fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 10/29/97	Amount of Each Disbursement This Period \$3.00
G. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement cred. card serv. chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 11/05/97	Amount of Each Disbursement This Period \$37.00
H. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement returned check fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 11/12/97 11/25/97	Amount of Each Disbursement This Period \$3.00 \$3.00
I. Full Name, Mailing Address and ZIP Code Norwest Bank Minn., N.A. 6Th & Marquette Mpls. MN 55479	Purpose of Disbursement credit card serv. chge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year) 11/30/97	Amount of Each Disbursement This Period \$36.90

SUBTOTAL of Disbursements This Page (optional)

\$327.60

TOTAL This Period (test page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwest Bank Minn., N.A. 6th & Marquette Mpls. MN 55479	ret'd check fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/97 12/30/97	\$3.00 \$3.00
B. Full Name, Mailing Address and ZIP Code A.T. & T. P.O. Box 27-866 Kansas City MO 64184-0866	Purpose of Disbursement long distance chges. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/20/97	\$69.67
C. Full Name, Mailing Address and ZIP Code A.T. & T. P.O. Box 27-866 Kansas City MO 64184-0866	Purpose of Disbursement long distance phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/97	\$43.50
D. Full Name, Mailing Address and ZIP Code A.T. & T. P.O. Box 27-866 Kansas City MO 64184-0866	Purpose of Disbursement long distance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/24/97	\$56.86
E. Full Name, Mailing Address and ZIP Code A.T. & T. P.O. Box 27-866 Kansas City MO 64184-0866	Purpose of Disbursement long distance calls Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/97	\$123.42
F. Full Name, Mailing Address and ZIP Code Card Services P.O. Box 9272 Des Moines IA 50306-9272	Purpose of Disbursement annual fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/97	\$40.00
G. Full Name, Mailing Address and ZIP Code Card Services P.O. Box 9272 Des Moines IA 50306-9272	Purpose of Disbursement see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/97	\$804.78
H. Full Name, Mailing Address and ZIP Code Card Services P.O. Box 9272 Des Moines IA 50306-9272	Purpose of Disbursement annual fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/97	\$40.00 memo
I. Full Name, Mailing Address and ZIP Code Card Services P.O. Box 9272 Des Moines IA 50306-9272	Purpose of Disbursement see below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/04/97 9/04/97 10/01/97	\$35.33 \$495.00 \$64.00

SUBTOTAL of Disbursements This Page (optional) ..... \$1,738.56

TOTAL This Period (last page this line number only) .....

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FMSR 07  
5 7  
FOR LINE NUMBER  
17

**Operating Expenditures**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Card Services P.O. Box 9272 Des Moines IA 50306-9272	see below	10/01/97	\$127.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/29/97	\$65.35
	<input type="checkbox"/> Other (specify):	10/29/97	\$53.49
Card Services P.O. Box 9272 Des Moines IA 50306-9272	see below	11/29/97	\$64.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/97	\$573.17
	<input type="checkbox"/> Other (specify):		
Postmaster D.C.  Washington DC 20515	postage	10/01/97	\$64.00 Memo
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11/29/97	\$64.00 Memo
	<input type="checkbox"/> Other (specify):		
Acorn Mini Storage 4652 N Lyndale Ave Mpls. MN 55412	storage space #203	11/24/97	\$103.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
Acorn Mini Storage 4652 N Lyndale Ave Mpls. MN 55412	rent strge sp.#203	12/31/97	\$103.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
Congressional Club 2001 NW New Hampshire Ave Washington DC 20009	life membership dues	11/18/97	\$1500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
Moore, Olin 2032 N 2Nd Ave Mpls. MN 55405	salary	7/20/97	\$395.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7/31/97	\$395.75
	<input type="checkbox"/> Other (specify):	9/18/97	\$395.75
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	salary	10/03/97	\$395.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	rent	10/03/97	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

**GUT TOTAL of Disbursements This Page (optional)** . . . . . \$4,272.80

**TOTAL** this Period (last page this line number only) . . . . .

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 7  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in full)

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/97	\$395.75
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/97	\$100.00
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/97	\$275.70
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/97	\$100.00
Moore, Olin 2629 W 43Rd #101 St Mpls. MN 55410	salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/97	\$395.75
Faricy & Associates 2211 St. Clair Ave St. Paul MN 55105	fund raising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/97	\$5139.51
Impact Printing 1067 Rice St St. Paul MN 55117	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/12/97	\$690.69
Norwest Orient Airlines 730 E 6Th St Mpls. MN 55401	air fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/04/97	\$495.00 None
Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/04/97 9/09/97 9/25/97	\$607.50 \$2332.00 \$2525.50

SUBTOTAL of Disbursements This Page (optional)

\$12,562.40

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER	
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**Operating Expenditures**

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NAME OF COMMITTEE (in full):

**Sabo For Congress Volunteer Committee 074306**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	telemarketing	10/17/97	\$3792.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/29/97	\$4090.00
	<input type="checkbox"/> Other (specify):	10/29/97	\$3412.00
B. Full Name, Mailing Address and ZIP Code Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	telemarketing	10/29/97	\$2702.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10/29/97	\$2610.50
	<input type="checkbox"/> Other (specify):	11/04/97	\$595.50
C. Full Name, Mailing Address and ZIP Code Ari Systems, Inc. 983 Stony Point Rd Eagan MN 55123	supplies	12/03/97	\$143.67
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Office Depot 5755 Wayzata Blvd St. Louis Park MN 55416	supplies	10/01/97	\$127.79 Memo
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Internal Revenue Serv 97 P.O. Box 970007 St. Louis MO 63197-0007	FICA - 2nd Qtr. 1997	7/30/97	\$358.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Internal Revenue Serv 97 P.O. Box 970007 St. Louis MO 63197-0007	3rd Qtr. Fed'l/FICA	10/23/97	\$358.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Moore, Victoria 2032 N 2nd Ave Mpls. MN 55405	rent	9/18/97	\$300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code La Brasserie  Washington DC	catering	7/31/97	\$544.91 Memo
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . .

\$18,363.67

TOTAL This Period (last page this line number only) . . . . .

\$60,750.98

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (in full)

Sabo For Congress Volunteer Committee 074306

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.D.P. - D.F.L. 352 Wacouta St. Paul MN 55101	contrib'n Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/17/97	\$1000.00
B. Full Name, Mailing Address and ZIP Code Vitaliano For Congress 1409 Richmond Ave Staten Island NY 10314	contr. NY, district 13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	10/17/97	\$1000.00
C. Full Name, Mailing Address and ZIP Code Sanchez, Loretta Re-Elect  CA	contr., CA - Dist. 46 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/19/97	\$1000.00
D. Full Name, Mailing Address and ZIP Code Capps, Friends Of Lois 1724 Santa Barbara St Santa Barbara CA 93101	spec. primary CA-Dist. 22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/10/97	\$1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$4,000.00

TOTAL (This Period (last page this line number only))

\$4,000.00

ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED 1-31-98
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>Jan</i>		<i>2-10-98</i>
PREPARER		DATE PREPARED